
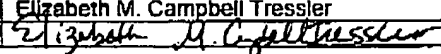


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|--|----------------------------------|----------------------|---|--|----------------|------------------|--------|------------------|
| TRANSMITTAL FORM | | Application Number | | 10/644,720 | | | | |
| | | Filing Date | | August 20, 2003 | | | | |
| | | First Named Inventor | | Jeffrey C. Hessenberger | | | | |
| | | Art Unit | | 3725 | | | | |
| | | Examiner Name | | Shelley M. Self | | | | |
| Total Number of Pages In This Submission | | 12 | Attorney Docket Number | | 066042-9398-01 | | | |
| ENCLOSURES (check all that apply) | | | PETITION FOR EXTENSION OF TIME | | | | | |
| <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other: | | | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. | | | | | |
| CLAIMS FEES | | | | | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | | | | | |
| | | | | Small Entity | | Large Entity | | |
| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Extra Claims Present | Rate | Addit. Claim Fee | Rate | Addit. Claim Fee |
| Total | 40 | - | 40 | =0 | x 25= | \$ | x 50= | \$0 |
| Independent | 2 | - | 5 | =0 | x 100= | \$ | x 200= | \$0 |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | + 180= | \$ | + 360= | \$0 |
| FEES | | | | | | | | |
| <input type="checkbox"/> Additional Claim Fee | | | | | | \$0.00 | | |
| <input type="checkbox"/> Extension fee for one-month | | | | | | \$0.00 | | |
| <input type="checkbox"/> Information Disclosure Statement | | | | | | \$0.00 | | |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | | | | | | \$0.00 | | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | \$0.00 | | |
| TOTAL FEES | | | | | | \$0.00 | | |
| PAYMENT OF FEES | | | | | | | | |
| <input type="checkbox"/> A check in the amount of \$ is enclosed. | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3080. | | | | | | | | |
| <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 13-3080 in the amount of \$0.00. | | | | | | | | |
| SIGNATURE OF ATTORNEY | | | | | | | | |
| Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH, LLP 100 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4108 Telephone: (312) 222-0800 | | | |  Signature Date: 1/19/05 | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | |
| I hereby certify that this correspondence is: | | | | | | | | |
| <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. | | | | | | | | |
| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | | | | | |
| Typed or printed name | | | | Elizabeth M. Campbell Tressler | | | | |
| Signature | | | |  Date: 1/19/05 | | | | |